**The White House Surgery**

**1 Fairfax Rise, Sheffield, S2 1 SL**

**Access to my medical record online patient information leaflet**

You may already be aware that we are able to offer appointment booking and cancellation, repeat medication requests and summary access for patients through an online service called SystmOnline. Through the system we are also able to offer access to your medical record by allowing you to see all “coded” information or your full record, subject to safeguarding/third party checks and system functionality.

*We aim to action and approve/reject all requests within one calendar month.*

**How do I request access?**

If you would like access to your full/coded record through SystmOnline you would need to complete and sign the attached form and provide two forms of ID. We ask that you first consider the information below about the potential consequences of having access to your record.

**Things to consider:**

**Forgotten history-** there may be something you have forgotten about in your record that you might find upsetting.

**Abnormal results or bad news**- You may see something that you could find upsetting or that you don’t fully understand. This may occur before you have spoken to a doctor or while the surgery is closed, and you cannot contact us.

**Sharing information:** it is up to you whether you share information with others however, it is your responsibility to keep your information secure (this includes security information you may print form your record)

**Misunderstood information:** your record is designed for use by clinical professionals to ensure you receive the highest standard of care. Some of the information may be highly technical and difficult to understand.

**Coercion:** if you think you may be pressured by others into revealing information against your will it is best that you do not request access.

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**Access to my medical record online patient request form.**

**Patient name………………………………………………………………………….**

**Patient date of birth…………………………………………………………………**

**Patient address………………………………………………………………………**

**I wish to request access to:**

**Detailed coded Record**

**Full online record**

**I have read and understood the leaflet provided by the practice**

**Signed……………………………………………**

**Date………………………………………………**

***All applications for access to online services will require formal identification through 2 forms of ID***

**Id checked by: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**